and non-medical staff cooperate in ensuring ECG monitoring is done according to guidelines. 3. The need to help Nurses acquire competence in performing ECG

Methods. A total of 101 patients were reviewed, all with various diagnoses, cardiovascular risks, and on different medications. Of these, 61 were included while 40 were excluded.

The exclusion criteria include:

1. Transfer from another trust to Frays ward
2. Transfer or step down from ICU to Frays ward
3. Transfer from frays ward on the day of admission
4. Patients who are already on treatment and recently had physical health assessments.
5. Admitted before August and after January

Some of the patients were already known to mental health services and had been on medications. While others were having contact with mental health services for the first time.

After the exclusion, only about 61 patients were included in the study over the 5-month period.

Data were collected on the following:

1. Date of admission
2. Date ECG was done.
3. Date medication was commenced.
4. QTc readings
5. Type of medication commenced.
6. Days between admission and completion of ECG were extrapolated.
7. Days between admission and commencement of medication were also extrapolated.

All the above data were analysed and presented in charts, tables, and graphs.

Some Limitations identified:

Lack of standard admission register

Lack of discharge register

Missing ECG reports

Recruitment and participation of team members due to multiple training activities on Frays

Results.

1. A total number of 48 patients had ECG while 13 of them did not. Some refused to give consent or were not mentally/clinically stable.
2. A total of patients that had Baseline ECG before the commencement of medications on admission was 22(36%), while 39(64%) had ECG after the commencement of medications. The vast majority of the non-compliant patients were due to failure to consent at the time of admission.
3. Timeline for Baseline ECG vs commencement of medications: 16 patients had within 24 hours, 10 patients had after 24 hours, 16 patients had within one week and 4 patients had after one week.
4. Concerning QTc pattern; A total of 37 patients had normal, 10 patients had borderline and 1 had prolonged
5. Patients with other ECG abnormalities: Out of the 48 patients that had ECG at one point during the admission, about 44 of them had a Normal sinus rhythm while 4 were abnormal. However, all the abnormal ECGs were asymptomatic

Conclusion. Although the vast majority of service users in this study had normal ECG readings and overall low cardiovascular risk, the compliance rate with Trust/NICE guidelines are significantly low. Apart from falling short of Trust and NICE policies, this increases the chances of missed diagnosis, especially in people with pre-existing cardiac conditions.

Efforts must be intensified to ensure the vast majority of service users get thorough physical health assessments including ECG before psychotropic medications are commenced.

Quality Improvement Project: Referral Process for Adults With Suspected ADHD

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Aims. Twelve GP surgeries refer adults with suspected ADHD to Horsham Assessment and Treatment Service (ATS). Patients are referred by GPs via letter and an adult ADHD self-report scale (ASRS). Letter contents are variable and some referrals are rejected. There is no gold standard or national guideline for what referral information is required. We used a combination of guidelines and advice from The Royal College of Psychiatrists, The National Institute for Health and Care Excellence, and ADHD UK. Aims: to evaluate the current quality of the referrals, to obtain GP" views on the referral process, to make the process more efficient and clearer, and with that improve patient experience.

Methods. A retrospective data collection method was used. 57 patients were referred between 31^{s}t August 2021 and 1^{s}t April 2022. We reviewed 54 referral letters (3 were excluded). Main information looked for: presenting difficulties, resultant impairments, confirmation some symptoms present in childhood, past medical history, family history and if an ASRS was attached. We sent a questionnaire to obtain GPs' opinions on the referral process and how to improve this.

Results. Results of reviewing referral letters:

- 89% of referrals explained the current difficulties
- 52% described the resultant impairments
- 61% of referrals mentioned if symptoms had been present in childhood
- 91% of referrals contained past medical history and current medication
- No referrals mentioned family history
- 6% of referrals contained some physical health data
- 85% of referrals to ATS were accepted; 13% rejected as ASRS not attached.

Results from GP questionnaires: 11 surveys were returned. Most GPs were not confident in making a referral or what information is required, and did not understand the referral process. GPs would like a referral form, a flowchart outlining the referral process and information for patients about ADHD assessment.

Conclusion. 89% of referrals explained current difficulties. Just over half described the resultant impairments, and confirmed if there were symptoms in childhood. Most referrals contained past medical history. 6% contained some physical health data. Only 85% of referrals were accepted. GPs would like a referral form, a flowchart and information for patients.

Results were distributed to staff in ATS and we will distribute results to GPs. We have created a referral form and flowchart to make the referral process more efficient and clearer, and to improve patient experience. We will re-evaluate this after a few weeks, so we can compare with previous data collected.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.